



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM, WATER POLLUTION BRANCH  
(SEE MAP FOR APPROPRIATE REGIONAL OFFICE)  
**FORM A — APPLICATION FOR CONSTRUCTION OR  
OPERATING PERMIT UNDER MISSOURI CLEAN WATER LAW**

**FOR AGENCY USE ONLY**

CHECK NO. \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

FEE SUBMITTED \_\_\_\_\_

**NOTE**

PLEASE READ THE ACCOMPANYING INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**1.00** This application is for:

☐ a construction permit

☐ an operating permit for a new or unpermitted facility

(See instructions for appropriate fee to be submitted with application.)

☐ an operating permit modification

Reason: \_\_\_\_\_

☐ an operating permit renewal: permit # \_\_\_\_\_

Expiration date: \_\_\_\_\_

☐ a site specific storm water permit

**2.00 FACILITY**

|                    |      |       |     |
|--------------------|------|-------|-----|
| NAME               |      | PHONE |     |
|                    |      | FAX   |     |
| ADDRESS (PHYSICAL) | CITY | STATE | ZIP |

2.10 Is this a new facility constructed under a Missouri Construction Permit? ☐ YES ☐ NO

If yes, please provide Missouri Construction Permit Number: \_\_\_\_\_.

**3.00 OWNER**

|                    |      |               |       |  |
|--------------------|------|---------------|-------|--|
| NAME               |      | EMAIL ADDRESS | PHONE |  |
|                    |      |               | FAX   |  |
| ADDRESS (PHYSICAL) | CITY | STATE         | ZIP   |  |

3.10 Request review of draft permit prior to Public Notice? ☐ YES ☐ NO

**4.00 CONTINUING AUTHORITY**

|                    |      |       |     |
|--------------------|------|-------|-----|
| NAME               |      | PHONE |     |
|                    |      | FAX   |     |
| ADDRESS (PHYSICAL) | CITY | STATE | ZIP |

**5.00 OPERATOR**

|                    |                    |       |     |
|--------------------|--------------------|-------|-----|
| NAME               | CERTIFICATE NUMBER | PHONE |     |
|                    |                    | FAX   |     |
| ADDRESS (PHYSICAL) | CITY               | STATE | ZIP |

**6.00 FACILITY CONTACT**

|      |       |       |  |
|------|-------|-------|--|
| NAME | TITLE | PHONE |  |
|      |       | FAX   |  |

**7.00 ADDITIONAL FACILITY INFORMATION**

7.10 Legal Description of Outfalls. (Attach additional sheets if necessary)

|               |           |           |         |         |              |
|---------------|-----------|-----------|---------|---------|--------------|
| 001 _____ 1/4 | _____ 1/4 | Sec _____ | T _____ | R _____ | _____ County |
| 002 _____ 1/4 | _____ 1/4 | Sec _____ | T _____ | R _____ | _____ County |
| 003 _____ 1/4 | _____ 1/4 | Sec _____ | T _____ | R _____ | _____ County |
| 004 _____ 1/4 | _____ 1/4 | Sec _____ | T _____ | R _____ | _____ County |

7.20 Primary Standard Industrial Classification (SIC) Code: \_\_\_\_\_

**8.00 ADDITIONAL FORMS AND MAPS NECESSARY TO COMPLETE THIS APPLICATION****(Complete all forms that are applicable)**

A. Is your facility a manufacturing, commercial, mining or silviculture waste treatment facility? ☐ YES ☐ NO  
If yes, complete Form C.

B. Is your facility considered a "Primary Industry" under U.S. EPA guidelines? ☐ YES ☐ NO  
If yes, complete Forms C and D.

C. Is application for storm water discharges only? ☐ YES ☐ NO  
If yes, complete U.S. EPA Form 2F.

D. Attach a map showing all outfalls and the receiving stream at 1" = 2000' scale.

E. Is wastewater land applied? ☐ YES ☐ NO

F. Is sludge, biosolids, ash or residuals generated, treated, stored or land applied? ☐ YES ☐ NO  
If yes, complete Form R.

**9.00 DOWNSTREAM LANDOWNER(S)** Attach additional sheets as necessary. See Instructions. (PLEASE SHOW LOCATION ON MAP. SEE 8.00 D ABOVE.)

NAME

ADDRESS

CITY

STATE

ZIP

10.00 I certify that I am familiar with the information contained in the application, that to the best of my knowledge and belief such information is true, complete and accurate, and if granted this permit, I agree to abide by the Missouri Clean Water Law and all rules, regulations, orders and decisions, subject to any legitimate appeal available to applicant under the Missouri Clean Water Law to the Missouri Clean Water Commission.

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

PHONE NO. (AREA CODE &amp; NO.)

SIGNATURE

DATE SIGNED

MO 780-1479 (6-04)

**BEFORE MAILING, PLEASE ENSURE ALL SECTIONS ARE COMPLETED  
AND ADDITIONAL FORMS, IF APPLICABLE, ARE INCLUDED.**

**HAVE YOU INCLUDED:**

- ☐ Appropriate Fees?
- ☐ Map at 1" = 2000' scale?
- ☐ Signature?
- ☐ Form C, if applicable?
- ☐ Form D, if applicable?
- ☐ Form 2F, if applicable?
- ☐ Form I (Irrigation), if applicable?
- ☐ Form R (Sludge), if applicable?

**INSTRUCTIONS FOR COMPLETING FORM A**  
**APPLICATION FOR CONSTRUCTION OR OPERATING PERMIT**

1.00 - Check which permit type is applicable. DO NOT CHECK MORE THAN ONE ITEM.

Operating permit refers to permits issued by the Department of Natural Resources, Water Protection Program, Water Pollution Branch.

**CONSTRUCTION PERMIT FEES**

A. \$750 for a sewage treatment facility with a design flow of less than 500,000 gallons per day.

B. \$2,200 for a sewage treatment facility with a design flow of 500,000 gallons per day or more.

Different application and construction fees are applicable if only sewer and/or lift stations are to be constructed.

**OPERATING PERMIT FEES**

A. Discharges covered by section 644.052.4 RSMo. (Primary or Categorical Facilities)

\$3500 for a design flow under 1 mgd

\$5000 for a design flow of 1 mgd or more

B. Discharges covered by section 644.052.5 RSMo. (Secondary or Non-Categorical Facilities)

\$1500 for a design flow under 1 mgd

\$2500 for a design flow of 1 mgd or more

IF THE APPLICATION IS FOR A SITE-SPECIFIC PERMIT RE-ISSUANCE, SEND NO FEES. YOU WILL BE INVOICED SEPARATELY BY THE DEPARTMENT.

**SITE-SPECIFIC STORM WATER DISCHARGE FEES**

A. \$1350 for a design flow under 1 mgd

B. \$2350 for a design flow of 1 mgd or more

Permit modifications, including transfers, are subject to the following fees:

A. Municipals - \$200 each

B. All others - 25% of annual fee

Note: Business name and address changes where owner, operator and continuing authority remain the same are not considered transfers.

Incomplete permit applications and/or related engineering documents will be returned by the department if they are not completed in the time frame established by the department in a comment letter to the owner. Permit fees for returned applications shall be forfeited. Permit fees for applications being processed by the department that are withdrawn by the applicant shall be forfeited.

- 2.00 Name of facility - by what name is this facility known locally? Example: Southwest Sewage Treatment Plant, Country Club Mobile Home Park, etc. Give the street address or location of the facility. If the facility lacks a street name or route number, give the names of the closest intersection, highway, county road, etc.
- 2.10 Construction permit refers to permits issued by the Department of Natural Resources, Water Protection Program, Water Pollution Branch.
- 3.00 Owner - legal name and address of owner.
- 3.10 If checked "YES", the statutory timeframe for issuing a final action on the permit application shall begin on the date the applicant's preliminary review comments are received by the department.
- 4.00 Continuing Authority - permanent organization which will serve as the continuing authority for the operation, maintenance and modernization of the facility.
- 5.00 Operator - name, certificate number and telephone number of the person operating the facility.
- 6.00 Give the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility and with the facts reported in this application and who can be contacted by the department if necessary.
- 7.10 An outfall is the point at which wastewater is discharged. Outfalls should be given in terms of the legal description of the facility.
- 7.20 List only your primary Standard Industrial Classification (SIC) code. The SIC system was devised by the U.S. Office of Management and Budget to cover all economic activities. To find the correct SIC code, an applicant may check his or her unemployment insurance forms or contact the Missouri Division of Employment Security, (573) 751-3215. The primary SIC code is that of the operation that generates the most revenue. If this information is not available, the number of employees or, secondly, production rate may be used to determine your primary SIC code.
- 8.00 If you answer "yes" to A, B, C, D, E or F then you must complete and file the supplementary form(s) indicated. A USGS 1" = 2000' scale map must be submitted with the permit application showing all outfalls, the receiving stream, and the location of the downstream property owners.
- 9.00 Provide the name and address of the first downstream landowner, different from that of the permitted facility, through whose property the discharge will flow, and indicate location on map. For no discharge facilities, provide this information for the location where discharge would flow if there was one. For land application sites, include the owners of the land application sites and all adjacent land owners.
- 10.00 Signature - all applications must be signed as follows and the signature must be **original**:
- a. For a corporation, by an officer having responsibility for the overall operation of the regulated facility or activity or for environmental matters;
  - b. For a partnership or sole proprietorship, by a general partner or the proprietor;
  - c. For a municipal, state, federal, or other public facility, by either a principal executive officer or by an individual having overall responsibility for environmental matters at the facility.

This completed form, along with the applicable permit fees, should be returned to the appropriate Regional Office (see map). If there are any questions concerning this form, please contact the appropriate Regional Office or the Department of Natural Resources, Water Protection Program, Water Pollution Branch, NPDES Permits and Engineering Section at (573) 751-6825.